

Entered - 7-30-01- sb  
CL - 01L0497 - ALEXIS HOLMES

01- *L* -1375

CLAIM OF: **EUGENE WILLIAMS**  
6819 A - Panda Drive  
Austell, Georgia 30168

For damages alleged to have been sustained as a result of vehicular damages caused by a window that was blown out of a City building during a wind storm on May 17, 2001 at 1541 Northside Drive.

THIS ADVERSE REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0497

Date: 8/16/01

Claimant /Victim EUGENE WILLIAMS

BY: (Atty) \_\_\_\_\_

Address: 6819 A - Panda Drive Austell, Georgia 30168

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 2,874.89 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 7/30/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 5/17/01 Place: 1540 Northside Drive

Department Public Works Division: Solid Waste

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** The claimant alleges that he sustained vehicular damages when a storm blew out the window of a City building and damaged his vehicle. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

**INVESTIGATION:**

Statements: City employee X Claimant X Other \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_

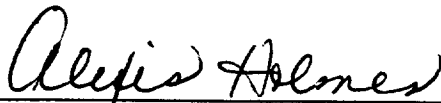
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

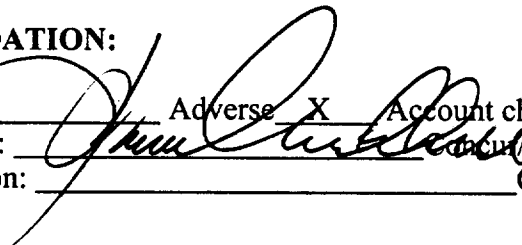
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  date 08/17/01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RECEIVED

JUL 30 2001

RE: CLAIM FOR DAMAGES

Today's Date: 5-24-01

MUNICIPAL CLERK

Dear Municipal Clerk:

ENTERED - 8-1-01 - SB  
01L0497 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 5-17-01 2. Time of Incident: \_\_\_\_\_ 3. Police called: ☒ Yes ☐ No  
(month/day/year)
4. Location of incident (including street address): 1540 Northside Dr
5. Name of your insurance company: State Farm Policy No. SS18058-B09-11B1
6. State what and how incident occurred: A Wind storm came and pull out window of the building. On to the hood and top of car.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Chev Imp/ass 96 15VE4 Eugene Williams  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Pashanda Parks 2542 Loghaven Dr (4) 794-8841  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Eugene Williams  
Signature of Claimant

Eugene Williams  
(Print Claimant's Name)

6819 (A) Pamela Dr  
(Address)

Avstell GA 30168  
(City, State and Zip Code)

(4) 251-0483 (7) 948-6725  
(Work Number) (Home Number)

01-R-1375